**NMREB Amendment: Change in PI**

**NON-MEDICAL RESEARCH ETHICS BOARD**

Confirmation of PI Change

|  |
| --- |
| **Instructions** |
| **When to use this form:** Whenever the *ONLY* modification to an ‘active’ (i.e. already approved) NMREB Submission is a change in Principal Investigator**Who is required to complete this form:** It is the responsibility of the *OUTGOING PI* to complete this form**Other supporting documents required WITH this form:** NMREB Revision Form (via Romeo) & all modified study documents approved by the NMREB under Outgoing PI\* |

**PROTOCOL DETAILS**

|  |  |
| --- | --- |
| Research Ethics Board ID |       |
| Study Title |       |
| Principal Investigator |       |
| Effective Date of Change |       |

\* Please be aware that all documents previously approved by the Western University NMREB making reference to the Outgoing Principal Investigator will need to be modified to reflect the Incoming Principal Investigator. These documents must be submitted along with the NMREB Revision Form and approved by the NMREB prior to implementation.

**Signatures**

**Outgoing Principal Investigator**

As of the ‘Effective Date of Change’ above, I will no longer retain the role of Principal Investigator for this study and hand over the responsibility of the study conduct in its entirety to the person named below as Incoming Principal Investigator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  | Click here to enter a date. |
| Print Name |  | Signature |  | Date  |

**Incoming Principal Investigator**

As of the ‘Effective Date of Change’ above, I assume full responsibility for the scientific and ethical conduct of this study as approved by the Western University REB and agree to conduct this study in conformity with the Tri-Council Policy Statement and any relevant guidelines, in compliance with any relevant regulations and policies. I certify that all Co-Investigators and other personnel involved in this study are appropriately qualified or will undergo appropriate training to fulfill their role(s) in this study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  | Click here to enter a date. |
| Print Name |  | Signature |  | Date |